



A bi-annual newsletter from Brain Injury Services and STEP UP! ABI Recovery.

June is Diversity and Brain Injury Awareness Month

June is generally a very busy time for Brain Injury Services.

There are a number of events offered to clients and staff as part of Brain Injury Awareness Month. Highlights include the Hamilton Brain Injury Association Walk/ 5km Run and the annual BISHnic.

June is also Gay and Lesbian Pride Month and Senior's Month, as declared by the province of Ontario. To complement it all, both the National Aboriginal Day and Multiculturalism Day are observed in June too. Therefore, it would only make sense for Brain Injury Services, with its diverse client and staff populations, to recognize June as the agency's own Diversity Month.

It should be remembered that diversity manifests itself in many forms, such as age, ability, gender, sexuality, race, religion, and ethnicity. Brain Injury Services employees and clients can proudly call themselves a diverse group; in addition to English, over 20 other languages are spoken by clients and staff. By recognizing June as Diversity Month, the organization will emphasise once again that our strength is in our differences.



■ The professional panel included Dr. Robert van Reekum, Dr. Bruce Linder and Dr. Gian Bartolucci.

I'm alright, the world's all wrong Perspectives on mental health and ABI

On February 11, 2009 over 125 medical, legal and rehabilitation professionals gathered to discuss and learn more about mental health in relation to acquired brain injury.

Dr. Bruce Linder, clinical director at Brain Injury Services, discussed determiners of depression and the importance of self esteem in conjunction with a client's perception of quality of life. "We can't just say self esteem and leave it at that, as if we truly understand," said Dr. Linder "So many of our clients have lost their jobs, families and friends. They've lost their identity and who they used to be. They don't have to be clinically depressed to have low self esteem, and isn't it obvious why?"

Dr. Gian Bartolucci spoke about personality changes following ABI and the need for simultaneous, early intervention by psychological and pharmacological means with a specific emphasis on mild brain injury. Dr. Bartolucci presented two composite cases; in one the change was towards passivity and a loss of the self-assertive but also aggressive personality traits, while, in another, strong passive traits prior to the accident changed into an angry and aggressive personality. In both cases a combination of pharmacological and rehabilitation intervention were used to mitigate the perceived losses and aid in retraining and reinsertion in family functioning.

Continued on PAGE 3

Vineland update

Following months of anticipation, construction has begun on a new residential service to be located in the Niagara region close to Brain Injury Services' Cathy Wever Place.

Brain Injury Services issued a funding announcement in November 2008 for a new residence for up to six individuals with complex needs who require specially designed living environments.

Construction should be completed by September 2009. A formal opening and ribbon cutting ceremony will occur prior to occupancy in the Fall.

Ontario Trillium Foundation Grant

Brain Injury Services is the recipient of a Ontario Trillium Foundation grant which will be used to cover the cost and installation of an elevator at Cathy Wever Place.

Cathy Wever Place has recently undergone a number of renovations, including its bathrooms, and the installation of this elevator will further increase accessibility and safety for clients and staff.

"We feel very fortunate to be the recipient of this grant", says Steve Dawn, Manager, Behavioural Residential Services. "The installation of the elevator, which replaces a chair glide, will enable our clients and staff to safely access areas of the house used for meetings, recreation and leisure activities."



Brain Injury Services announces major donation for barrier free computer workstations



■ Lynn Hewitt, John Ormond and Gail Jackson members of the Foundation Board of Directors present the donation to Jan Narduzzi, Executive Director, Brain Injury Services.

Brain Injury Services, a leader in providing community based rehabilitation for adults living with acquired brain injury, is pleased to announce the arrival of a new bank of computers and barrier free workstations designated for client use, with thanks to a very generous donation from the Brain Injury Services of Hamilton Foundation.

The Brain Injury Services of Hamilton Foundation recently made a \$13,000.00 donation designated for the computers and workstations for client use and programming. "The Foundation Board is thrilled to be able to make this donation and see the tangible results of our fundraising efforts" says John Ormond, Chair of the Foundation's Board of Directors. "We understand the benefits of a completely accessible computer, from the software to the hardware and the work stations. Everything is geared to facilitate client access to maximize use and rehabilitation potential."

"We are delighted with the new computer systems and genuinely appreciative of the fundraising efforts of the Foundation Board of Directors" says Jan Narduzzi, Executive Director of Brain Injury Services.

"The accessible computers will offer our clients the ability to gain additional vocational skills in addition to facilitating daily activities such as bill payments and budgeting."



■ Clients receive one to one support with the new computer stations and software.

The new computers are located in Group Services at Brain Injury Services' offices in the Goodwill Amity building in downtown Hamilton.

Lunch and learns

On January 13 2009, Christopher Cutler from PATH Employment Services challenged our perception of ability with his discussion entitled "Rethink Ability". The discussion focused on the need to change one's perception of 'disability' to 'ability' as many individuals with impairments compensate for them and excel in other realms. Individuals with an impairment need not be the focus of discrimination and should be afforded the same vocational and social opportunities. More information is available by contacting PATH Employment Services at www.pathemployment.com.

Brain Injury Services to amalgamate four homes in St. Catharines area



Brain Injury Services staff and participants are eagerly awaiting completion of 2 new barrier free homes in central St. Catharines. The residences, scheduled to be complete near the end of June 2009, will each accommodate up to 10 individuals.

The residences are the culmination of over a year's hard work and determination. Brain Injury Services currently leases 4 separate residences that accommodate 18 clients. The 2 new residences will offer completely accessible environments specifically geared to maximizing rehabilitation potential and independence.

Ravenda Homes of Welland is to be credited with designing and building both homes, which will in turn be leased back to Brain Injury Services.

"We are so appreciative of the support of Ravenda Homes" says Jan Narduzzi, executive director of Brain Injury Services. "John Ravenda, Tim McKenney and their staff have contributed a notable amount of time, resources and effort into these projects. We are excited to be able to offer rehabilitation to our clients in such an incredible environment."

There will be a formal opening and ribbon cutting ceremony for the residences upon completion and occupancy this summer.

Perspectives on mental health and ABI conference

Dr. Robert van Reekum's discussion was titled "Psychosocial Neuropsychiatry: or, Are the Mind and the Brain the Same Thing"? Dr. van Reekum reviewed popular medical and rehabilitative approaches post ABI with case examples and argued for the integration of psychosocial and neurological factors in understanding mental health following brain injury. He commented that multidisciplinary approaches need be mindful of the fact that our biology, psychology and social factors are operative all the time and that professionals cannot forget the mind and spirit.

In his discussion titled "Compensation Challenges- Mild Brain Injury and Emotional Trauma", Roger Oatley, LLP, reviewed the importance of a strong, communicative team following a mild brain injury. He commented on how the symptoms of depression often mimic those of brain injury as they impact upon personality, ability to make decisions, affect and memory. The rehabilitation team needs to assist in addressing both the mental health and cognitive behavioural impact of ABI on an individual's ability to participate in activities of daily living, care giving and vocational responsibilities as this is crucial in proceeding with legal action.

Thank you to the following sponsors who supported the conference: Ross & McBride LLP, Rehab First Inc, Oatley Vigmond LLP, MRI Marketing and Consulting Inc, Dr. A. Persi, Marz Homes, Peter Martin Home Appliance Centre.

John Reesor Centre celebrates 20 years



In June 2009, the John Reesor Centre (JRC) will celebrate 20 years of providing community based residential rehabilitation services. Named in honour of John Reesor, a member of Brain Injury Services founding Board of Directors, the centre provides 24 hour rehabilitation support to adults living with an acquired brain injury. Clients at the JRC receive support in many areas including activities of daily living, community orientation, cognitive behavioural remediation, functional cognitive remediation, safety skills and social skills.

An Open House is being held for community members, partners and families on Monday June 8, 2009. Details are available on Brain Injury Services website www.braininjuryservices.com.

Financial services commission of Ontario five year report

FSCO recently released a 5 year report outlining proposed changes to the legislation. There are several recommendations which have caused concern to professionals providing services under the guidelines of the Statutory Accident Benefits Schedule (SABS). The primary recommendations of concern include:

Recommendation 12

The fee for completing forms including any assessment required to complete the form should be capped at \$200. The cost of all other assessments should be capped at \$2000.

Recommendation 15

Consider having assessment requests completed only after a referral is made by the health professional primarily responsible for the claimant's rehabilitation (in most cases a family physician). Assessment

requests would continue to be submitted by providers following a referral.

Recommendation 20

Revoke section 42.1 of the SABS which allows claimants to obtain an assessment from their health care provider to address issues raised in an insurer examination.

Recommendation 21

Consider having treatment plans completed only after a referral is made by the health professional primarily responsible for the claimant's rehabilitation (in most cases a family physician). Treatment plans would continue to be submitted by providers following a referral.

Recommendation 22

Reduce the cap for medical and rehabilitation benefits for non-catastrophic claims to \$25,000. Introduce a \$100,000

optional medical and rehabilitation benefit along with the existing \$1 million optional benefit.

Many community agencies, both public and private responded to the call for feedback within the tight deadlines to advocate against the reduced benefits and the impending crunch on already stretched ministry dollars.

Feedback has been directed through multiple formats including:

- ➔ An invitation to join "Ontarians Against FSCO" and "Ontario Auto Insurance Proposed Changes" Facebook groups
- ➔ The opportunity to visit and sign with comments at www.ipetitions.com/petition/ontariansagainstfsco
- ➔ An invitation to visit www.feelinglucky.ca
- ➔ Letters to MPs and MPPs



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Brain Injury Services and STEP UP! ABI Recovery
225 King William Street, Suite 508 | Hamilton, Ontario L8R 1B1
Phone: 905-523-8852 | Fax: 905-523-8211
www.braininjuryservices.com
Editor: Jennifer Court

